Image# 28990480491 02/4/9#2008 18:05

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation				
LEAGUE OF CONSERVATION VOTERS INC				
(b) Address (number and street)				
(c) City, State and ZIP Code				
Washington DC 20036	FEC Identification Number			
2. Corporate filers only	<b>C</b> C90005786			
Is the filer a qualified nonprofit corporation?				
Individual filers only Name of Employer	Occupation			
	·			
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report 24-Hour Notice 🛛 48-H	our Notice			
☐ July 15 Quarterly Report				
October Quarterly Report				
☐ January 31 Year-End Report				
(b) Is this Report an amendment? Yes X No				
5. COVERING PERIOD: FROM 117 / P P P P P P P P P P P P P P P P P P				
THROUGH				
M M / D B / Y Y Y Y Y Y				
6. TOTAL CONTRIBUTIONS	.00			
7. TOTAL INDEPENDENT EXPENDITURES	26714.50			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regu	n, if the independent expenditures			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
Barbara Gonzalez-McIntosh	02/19/2008			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this rep				
1101 E. Gubrillasion of laise, entineous of incomplete information may subject the person signing this rep	ont to the penalties of 2 0.3.0 437g.			

 $For \ further \ information, \ contact:$ 

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Ì	FAGUE	OF CO	MSER	/ATION	VOTERS	INC

LAGUE OF CONSERVATION VOTERS INC			
Full Name (Last, First, Middle Initial) of Payee Direct Response Group	Date  M M M / D D / Y Y Y Y Y Y Y AMOUNT  Amount		
Mailing Address 2401 W. Behrend Dr. Suite 7			
City Phoenix	State AZ	Zip Code 85207	26714.50
Purpose of Expenditure TV Ad - No Introduction		Category/ Type	Office Sought: X House State: MD House Senate
Name of Federal Candidate Supported or Opposed b Wayne T. Gilchrest	y Expenditure	): :	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	• • •	166716.65	Disbursement For: X Primary General 2008 Other (specify)
a) SUBTOTAL of Itemized Independent Expenditure	es		26714.50
(b) SUBTOTALof Unitemized Independent Expenditu	ures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Line			26714.50